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HDP/SB/21 based on PTO/SB/21 (08-00)

Please type a plus sign (+) inside this box → ☐**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	<b>Application Number</b>	10/680,465	
	<b>Filing Date</b>	10/07/2003	
	<b>First Named Inventor</b>	Randolph C. Williams	
	<b>Group Art Unit</b>	3681	
	<b>Examiner Name</b>	Le, David D.	
<b>Total Number of Pages in This Submission</b>	3	<b>Attorney Docket Number</b>	6978-000253/COB

**ENCLOSURES (check all that apply)**

<input type="checkbox"/> Fee Transmittal Form  <input type="checkbox"/> Fee Attached  <input type="checkbox"/> Amendment / Response  <input type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Missing Parts/ Incomplete Application  <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application)  <input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):  <b>Letter of Error of Record; return receipt postcard</b>
<b>Remarks</b>		<b>The Commissioner is hereby authorized to charge any additional fees that may be required under 37 CFR 1.16 or 1.17 to Deposit Account No. 08-0750. A duplicate copy of this sheet is enclosed.</b>

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

<b>Firm or Individual name</b>	Harness, Dickey & Pierce, P.L.C.	<b>Attorney Name</b> Philip E. Rettig	<b>Reg. No.</b> 34,000
<b>Signature</b>			
<b>Date</b>	October 31, 2006		

**CERTIFICATE OF MAILING/TRANSMISSION**

I hereby certify that this correspondence is being deposited with the United States Postal Service as express mail in an envelope addressed to: Director of the U.S. Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450, or facsimile transmitted to the U.S. Patent and Trademark Office on the date indicated below.

<b>Typed or printed name</b>	Philip E. Rettig	<b>Express Mail Label No.</b>	EV 757 778 247 US (10/31/2006)
<b>Signature</b>		<b>Date</b>	October 31, 2006

EV 757 778 247 US

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# HARNES DICKY

Philip E. Rettig  
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October 31, 2006

Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

Re: U.S. Patent No. 6,805,652 - Issued: October 19, 2004  
First Named Inventor: Randolph C. Williams  
For: ON-DEMAND TRANSFER CASE WITH CONTROLLABLE BI-DIRECTIONAL OVERRUNNING CLUTCH ASSEMBLY  
Attorney Docket No. 6978-000253/COB

Sir:

We have reviewed the above-identified patent and have found the following errors:

Column 1, Line 40; Application Page 2, Line 7	After "of" (2 <sup>ND</sup> occurrence), insert --a--
Column 4, Line 19; Application Page 8, Line 10	"engage" should be --engagement--
Column 9, Line 62, Claim 4; Amendment Dated 04/26/04	"connected" should be --connecting--
Column 12, Line 20, Claim 14; Application Page 27, Line 5, Claim 16	"pan-time" should be --part-time--

Kindly make these errors of record in your files.

Respectfully submitted,

By:

Philip E. Rettig,  
Reg. No. 34,000

PER/srh